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EuroQoL-5 Dimension Questionnaire (EQ-5D)

Availability:	<p>Must register the study in which EQ-5D is to be used by completing the EQ-5D registration form (visit www.euroqol.org). The EuroQol Executive Office will then contact by e-mail and inform about the terms and conditions which apply to your use of the EQ-5D, including licensing fees (if applicable). Please allow three working days to receive this reply. Licensing fees are determined by the EuroQol Executive Office on the basis of the user information provided. The amount is dependent upon the type of study, size and/or number of users and requested languages. Without the prior written consent of the EuroQol Executive Office, you are not permitted to use, reproduce, alter, amend, convert, translate, publish or make available in whatever way (digital, hard-copy etc.) the EQ-5D and related proprietary materials. Any and all copyrights in the EQ-5D, its (digital) representations, and its translations exclusively vest in the EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group.</p>
Classification:	<p>Supplemental for MS, ALS, Headache, PD, NMD and TBI</p> <p>Exploratory for HD</p> <p>Core for Stroke</p>
Short Description of Instrument:	<p>Construct measured: Quality of Life / Self-reported Patient Satisfaction</p> <p>Generic vs. disease specific: Generic</p> <p>Means of administration: Self-Administered</p> <p>Intended respondent: Patient</p> <p># of items: 5</p> <p># of subscales and names of sub-scales: N/A</p> <p># of items per sub-scale: N/A</p> <p>The EQ-5D consists of two parts: the EQ-5D section and the EQ VAS section. These sections provide a composite picture of the respondent's health status. The EQ-5D consists of 5 questions (representing 5 dimensions of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) each with a single digit response option. The EQ VAS generates a self-rating of health-related quality of life.</p> <p>Studies have found moderate agreement between responses from patients and those from their proxies for some of the domains of the EQ-5D and the agreement between patient and proxy is the best when assessed at six months, rather than two to three weeks, after stroke. Reproducibility is better when patients completed the instrument instead of their proxies. The relationship between the EQ-5D and the Barthel Index and mapping the modified Rankin Scale to the EQ-5D have been explored. With the exception of mental health domain of the SF-36, EQ-5D and SF-36 measure similar domains with similar test-retest reliability.</p>

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Comments/Special instructions:	<p>Scoring: Each of the 5 EQ-5D descriptive dimensions has 3 levels: no problems, some problems, severe problems. The respondent indicates his/her health state by ticking in the box against the most appropriate statement in each of the 5 dimensions. This decision results in a 1-digit number expressing the level selected for that dimension. The digits for 5 dimensions can be combined in a 5-digit number describing the respondent's health state. It should be noted that the numerals 1-3 have no arithmetic properties and should not be used as a cardinal score. Missing values should be coded as '999'. Ambiguous values (e.g. the line crosses the VAS twice) should be treated as missing values.</p> <p>Background: EQ-5D is a standardized measure of health status developed by the EuroQoL Group in order to provide a simple, generic measure of health for clinical and economic appraisal. The EQ-5D descriptive system comprises the following 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as in population health surveys.</p>
Rationale/Justification:	<p>Strengths/ Weaknesses: The EQ-5D self-report questionnaire (EQ-5D) essentially consists of two pages comprising the EQ-5D descriptive system (page 2) and the EQ VAS (page 3). There is also an optional page of demographic questions. There is also an extended version of EQ-5D that incorporates the valuation task but this is only used for valuation studies and is not relevant for clinical users.</p> <p>Psychometric Properties: Test-retest reliability: ICC =.81 (Canadian study population); Construct validity: Spearman correlation with other utility measures: SF-6D, $r=.70$; HUI-III, $r=0.80$; Correlates with EDSS: Spearman $r= -.66$ in a Canadian study population, Pearson $r= -.54$ in a German study population; 9HPT: $r= - 0.56$; timed 25-foot walk: $r= -.63$; ambulation index: $r= -.68$; Ceiling effects may be evident in patients with less marked disability.</p> <p>Administration: EQ-5D is designed for self-completion by respondents and is ideally suited for use in postal surveys, in clinics, and in face-to-face interviews. It is cognitively undemanding, taking only a few minutes to complete. Instructions to respondents are included in the questionnaire. It is currently available in 102 languages.</p>

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<p>References:</p>	<p>MS and Headache:</p> <p>Fisk JD, Brown MG, Sketris IS, Metz LM, Murray TJ, Stadnyk KJ. A comparison of health utility measures for the evaluation of multiple sclerosis treatments. <i>J Neurol Neurosurg Psychiatry</i> 2005;76:58-83.</p> <p>Putzki N, Fischer J, Gottwald K, Reifschneider G, Ries S, Siever A, Hoffmann F, Käfferlein, Kausch U, Liedtke M, Kirchmeier J, Gmünd S, Richter A, Schicklmaier P, Niemczyk G, Wernsdörfer C, Hartung HP. Quality of Life in 100 patients with early relapsing-remitting multiple sclerosis. <i>Eur J Neurol</i> 2009 16(6):713-720.</p> <p>ALS:</p> <p>The EuroQol Group. EuroQol--a new facility for the measurement of health related quality of life. <i>Health Policy</i> 1990; 16:199-208.</p> <p>Schrag A, Quinn N, Jahanshahi M, Selai C. The EQ-5D--a generic quality of life measure--is a useful instrument to measure quality of life in patients with Parkinson's disease. <i>J Neurol, Neurosurg, Psychiatry</i> 2000; 69:67-73.</p> <p>Dolan P. Modeling valuations for EuroQol health states. <i>Medical Care</i> 1997; 35(11):1095-1108.</p> <p>Noyes K, Dick AW, Holloway RG, Parkinson Study Group. Pramipexole versus levodopa in patients with early Parkinson's disease: effect on generic and disease-specific quality of life. <i>Value in Health</i> 9(1):28-38, 2006;-Feb.</p> <p>Stroke:</p> <p>Dorman PJ, Waddell F, Slattery J, Dennis M, Sandercock P. Is the EuroQol a valid measure of health-related quality of life after stroke? <i>Stroke</i> 1997a;28(10):1876-82.</p> <p>Dorman PJ, Waddell F, Slattery J, Dennis M, Sandercock P. Are proxy assessments of health status after stroke with the EuroQol questionnaire feasible, accurate, and unbiased? <i>Stroke</i> 1997b;28(10):1883-7.</p> <p>Dorman P, Slattery J, Farrell B, Dennis M, Sandercock P. Qualitative comparison of the reliability of health status assessments with the EuroQol and SF-36 questionnaires after stroke. <i>United Kingdom Collaborators in the International Stroke Trial. Stroke</i> 1998;29(1):63-8.</p> <p>Dorman PJ, Dennis M, Sandercock P. How do scores on the EuroQol relate to scores on the SF-36 after stroke? <i>Stroke</i> 1999;30(10):2146-51.</p> <p>Pickard AS, Johnson JA, Feeny DH, Shuaib A, Carriere KC, Nasser AM. Agreement between patient and proxy assessments of health-related quality of life after stroke using the EQ-5D and health utilities index. <i>Stroke</i> 2004;35:607-12.</p> <p>Rivero-Arias O, Ouellet M, Gray A, Wolstenholme J, Rothwell PM, Luengo-Fernandez R. Mapping the Modified Rankin Scale (mRS) Measurement into the Generic EuroQol (EQ-5D) Health Outcome. <i>Med Decis Making</i> .2009 Oct 26. [Epub ahead of print]</p> <p>Van Exel NJ, Scholte op Reimer WJ, Koopmanschap MA. Assessment of post-stroke quality of life in cost-effectiveness studies: the usefulness of the Barthel Index and the EuroQol-5D. <i>Quality of Life Research</i> 2004;13(2):427-33</p>
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